

TRANSPORTATION LIABILITY WAIVER

I, _____ request and authorize NURSE JACKIE HOME CARE INC. to transport _____

Name of Client

in the Client's vehicle or in another vehicle provided by or for the Client.

- ◆ I understand that all Home Care Workers, who are employed by NURSE JACKIE HOME CARE INC. who are assigned transporting duties, are required to have valid drivers' licenses and carry relevant vehicle insurance including Personal Injury Protection.
- ◆ I understand that NURSE JACKIE HOME CARE INC. checks their employees' driving records to ensure they are free from infractions.
- ◆ I understand that NURSE JACKIE HOME CARE INC. reviews the currency of employees' driver's licenses and motor vehicle insurance coverage but does not perform safety inspections or monitor maintenance on employee-provided or employee-owned vehicles.
- ◆ I understand that NURSE JACKIE HOME CARE INC. does not provide vehicle insurance for employee-owned vehicles.
- ◆ I acknowledge that driving is risky and can result in serious injury or death.
- ◆ I assume the risk of riding in motor vehicles of NURSE JACKIE HOME CARE INC. or its employees and I forever discharge and release the Agency and its employees from any and all claims, including their own negligence, which may arise out of the operation of motor vehicles in which I am riding.
- ◆ I acknowledge that I am responsible for my own vehicle insurance during all times that a NURSE JACKIE HOME CARE INC. employee uses my vehicle or any vehicle that I supply.
- ◆ I have read and voluntarily agree to sign this Transportation Liability Waiver.

Printed name of Client/Client's Representative

Signature of Client/Client's Representative

Printed name of Witness

Signature of Witness

Date: _____